



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Udo BENDIG et al.
Title: OCCUPANT PROTECTION DEVICE
Appl. No.: Unknown
Filing Date: Herewith
Examiner: Unknown
Art Unit: Unknown



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (10 pages).
- ☒ Informal drawings (1 sheets, Figures 1).
- ☒ Unexecuted Declaration and Power of Attorney (4 pages).
- ☐ Assignment of the invention to TAKATA-PETRI (Ulm) GmbH.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ___ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:

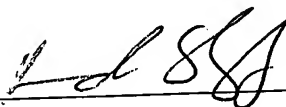
	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	12	20	= 0	x \$18.00	= \$0.00
Independents	1	3	= 0	x \$84.00	= \$0.00
:					\$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of				+ \$130.00	= \$130.00
Executed Declaration and late payment of filing fee					
				SUBTOTAL:	= \$880.00
					\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					= \$880.00
				TOTAL FILING FEE:	= \$880.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 9/30/2003

By 

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